

# SENATE BILL REPORT

## SB 5947

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As Reported by Senate Committee On:  
Health Care, February 19, 2015  
Ways & Means, February 26, 2015

**Title:** An act relating to creating a training program in integrated care psychiatry.

**Brief Description:** Creating a training program in integrated care psychiatry.

**Sponsors:** Senators Becker, Frockt, Bailey, Parlette, Rivers, Baumgartner, Dammeier, Sheldon, Braun, Angel, Warnick, King and Fain.

**Brief History:**

**Committee Activity:** Health Care: 2/17/15, 2/19/15 [DPS-WM].  
Ways & Means: 2/23/15, 2/26/15 [DP2S, w/oRec].

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** That Substitute Senate Bill No. 5947 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

**Staff:** Evan Klein (786-7483)

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Second Substitute Senate Bill No. 5947 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Hill, Chair; Braun, Vice Chair; Dammeier, Vice Chair; Honeyford, Vice Chair, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Ranking Minority Member, Operating; Bailey, Becker, Billig, Brown, Conway, Fraser, Hasegawa, Hatfield, Hewitt, Kohl-Welles, O'Ban, Parlette, Rolfes, Schoesler and Warnick.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Padden.

**Staff:** Michael Bezanson (786-7449)

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Background:** Integrated or Collaborative Care Psychiatry. The American Psychiatric Association defines integrated or collaborative care as the coordination of care for patients who have psychiatric disorders, which includes substance use disorder and general medical illness. There is a higher rate of psychiatric illness in patients with chronic medical illness, and a higher rate of chronic medical illness among patients with psychiatric illness, especially with serious and persistent mental illness. Patients with these conditions have increased morbidity and mortality rates.

In integrated care, mental health professionals support primary care providers and other health professionals in familiar settings, bringing mental health treatment to where people feel comfortable receiving care.

University of Washington (UW) Integrated Care Psychiatry. The UW School of Medicine has a division of integrated care and public health. The programs supported by the division are patient centered, collaborative, population and public health focused, evidence based, and integrated with other health and social services. The program has developed a collaborative care model that has been used by the advancing integrated mental health solution center to train over 6000 clinicians. This model of integrated care is used in primary care to treat persistent mental health conditions like depression and anxiety that require systematic follow-up.

The UW Department of Psychiatry and Behavioral Sciences offers an integrated care pathway, psychiatry in medical settings program. The program is a career development pathway focused on developing resident experiences and fostering interests in evidence-based practice at the interface of psychiatry and other medical settings.

**Summary of Bill (Recommended Second Substitute):** Subject to the availability of amounts appropriated, the Washington Department of Health and the Department of Psychiatry and Behavioral Sciences at UW must develop and operate a training program in integrated care psychiatry. The training program must:

- offer a specialized track in integrated behavioral health care to five UW psychiatry residents in their third and fourth years of residency training each year, to include a minimum of 12 months of training in settings where integrated behavioral health services are provided under the supervision of experienced psychiatric consultants;
- establish a one-year clinical fellowship program for psychiatrists who seek additional specialty training in integrated care; and
- annually offer continuing medical education courses and supervision in evidence-based integrated care to up to ten psychiatrists who are interested in integrated care in Washington.

UW may partner with nursing and social work programs at UW, Washington State University, and Eastern Washington University.

Subject to the availability of amounts appropriated, the Health Care Authority (HCA) must expand the Partnership Access Line Plus service (PAL) by selecting a predominantly rural region of the state where approximately one-fifth of the state's total Medicaid population lives, and offering this region an additional level of service.

The PAL must initially be targeted to serve 12–18 year olds with Medicaid coverage and a depressive or anxiety disorder, who are receiving treatment from their primary care provider. HCA must monitor PAL outcomes and evaluate the viability of a statewide PAL program.

**EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Second Substitute):** Makes the UW and DOH development and operations of a training program in integrated care psychiatry subject to appropriations for that specific purpose.

**EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended First Substitute):** HCA must develop and evaluate the PAL.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill (Health Care):** PRO: Washington State ranks 48th out of 50 for access to mental health care. The best way to help train more psychiatrists is to partner with primary care providers. This bill proposes to train 15 to 20 psychiatrists per year in the integrated care model. This would allow patients to get access to mental health care through their primary care physicians, where they otherwise would not. It was also suggested that advanced registered nurse practitioners be included in the integrated care model.

**Persons Testifying (Health Care):** PRO: Senator Becker, prime sponsor; Seth Dawson, The WA State Psychiatric Assn.; Seth Dawson, The National Alliance on Mental Illness; Len McComb, Community Health Network of WA.; Jurgen Unutzer, Anna Ratzliff, UW Medicine; Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses.

**Staff Summary of Public Testimony on Substitute (Ways & Means):** PRO: Students face an increasing financial burden from college tuition. Students have to work harder and longer to afford college. Students are appreciative of this bill.

OTHER: The bill must be done in alignment with the budget otherwise this will cost our institutions. We have concerns about the enrollment levels at our community and technical colleges. Our enrollment is tied to the economy and we take almost all comers. We would like to see the savings from the State Need Grant program put back into the program to cover more students. We appreciate the increased state support and a concrete proposal that rebalances state support and tuition. We want to make certain that the bill's costs are funded.

**Persons Testifying (Ways & Means):** PRO: Hayley Hohman, Associated Students of WA State University.

OTHER: Marty Brown, State Board for Community and Technical Colleges; Marc Webster, WA Student Achievement Council; Cody Eccles, Council of Presidents.